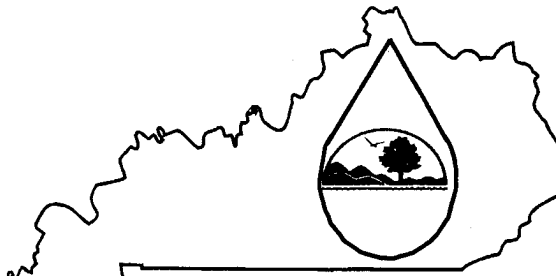


KPDES FORM 1

✓ AI 1475



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

RECEIVED
APR 13 2007
By _____

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

UNK 300

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	9	1	0	3	1
A. Name of business, municipality, company, etc. requesting permit <i>Blackwell Estates MHP</i>									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name: <i>Blackwell Estates MHP</i>					Owner Name: <i>Mr. Dennis Keene</i>				
Facility Location Address (i.e. street, road, etc.): <i>3220 Lisa Dr. #3</i>					Mailing Street: <i>P.O. Box 721262</i>				
Facility Location City, State, Zip Code: <i>Dry Ridge, KY. 41035</i>					Mailing City, State, Zip Code: <i>Newport, KY. 41072</i>				
					Telephone Number: <i>(859) 428-1864</i>				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc:

Mobile Home Park

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:

2451 Mobile Homes

Other SIC Codes:

5271

6515

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located: *Grant*

City where facility is located (if applicable): *Dry Ridge / Crittenden*

C. Body of water receiving discharge: *UT to North Fork Grass Creek*

D. Facility Site Latitude (degrees, minutes, seconds):
39° 44' 57"

Facility Site Longitude (degrees, minutes, seconds):
84° 37' 50"

E. Method used to obtain latitude & longitude (see instructions): *7 1/2' USGS topo - Topozone*

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):

N/A

IV. OWNER/OPERATOR INFORMATION	
A. Type of Ownership: <input checked="" type="checkbox"/> Publicly Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: <i>Charles G. Hengler JR</i>	Telephone Number: <i>(513) 851-8886</i>
Operator Mailing Address (Street): <i>11264 Sebring Dr.</i>	
Operator Mailing Address (City, State, Zip Code): <i>CINCINNATI, OH. 45240</i>	
Is the operator also the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Certification Class: <i>Class II</i>	Certification Number: <i>5023</i> ✓

V. EXISTING ENVIRONMENTAL PERMITS		
Current NPDES Number: <i>KY0091031</i>	Issue Date of Current Permit: <i>Sept. 1, 2002</i>	Expiration Date of Current Permit: <i>Aug 31, 2007</i>
Number of Times Permit Reissued:	Date of Original Permit Issuance:	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #:	Kentucky DSMRE Permit Number(s):	

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
<i>N/A</i> Air Emission Source		
Solid or Special Waste		
Hazardous Waste - Registration or Permit		

VI. DISCHARGE MONITORING REPORTS (DMRs)	
KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.	
A. Name of department, office or official submitting DMRs:	<i>Perfect-A-Waste Sewage Equipment Co.</i>
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)	
DMR Mailing Name:	<i>Perfect-A-Waste Sewage Equipment Co.</i>
DMR Mailing Street:	<i>11264 Sebring Dr.</i>
DMR Mailing City, State, Zip Code:	<i>Cincinnati, OH. 45240</i>
DMR Official Telephone Number:	<i>(513) 851-8886</i>

VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:

Intermediate NON-POTW ✓

Filing Fee Enclosed:

\$ 300.00

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):

DENNIS KEENE

TELEPHONE NUMBER (area code and number):

859-428-1864

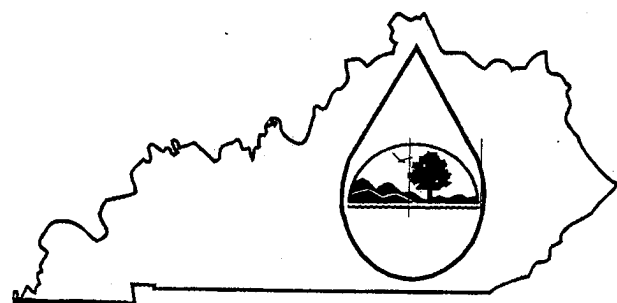
SIGNATURE

D. Keene

DATE:

4-10-07

KPDES FORM SC



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: <u>Blackwell Estates MHP</u>											
I. FACILITY DISCHARGE FREQUENCY	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">AGENCY</td> <td style="width: 10%;">USE</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>	AGENCY	USE								
AGENCY	USE										
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)											
B. How many days per week? <u>7</u>											
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): <u>120 Mobile Home Spaces @ 300 GPD per Space = 36,000 GPD</u>											
B. If new discharger, indicate anticipated discharge date:											
C. Indicate the design capacity of the treatment system: <u>.036</u> MGD											

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	44	57	84	37	50	UT to N. Fork Crossy Creek

Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)	<u>7 1/2' USGS Topo Quadrangle - Topozone</u>
---	---

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	DO Mobile Home Pools		Activated Sludge	3-A
	@ 300 GPD	0.036 MGD	Disinfection - Chlorine	2-F
			Aerobic Digestion	5-A
			Screening	1-T
			Equalization	1-Y
			Grinding - Comminutors	1-L
			Dechlorination	2-E

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/> Antimony	<input type="checkbox"/> Copper	<input type="checkbox"/> Silver
<input type="checkbox"/> Arsenic	<input type="checkbox"/> Lead	<input type="checkbox"/> Thallium
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Mercury	<input type="checkbox"/> Zinc
<input type="checkbox"/> Cadmium	<input type="checkbox"/> Nickel	
<input type="checkbox"/> Chromium	<input type="checkbox"/> Selenium	

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
NA		

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅	15.0 mg/l	8.2 mg/l	52
TOTAL SUSPENDED SOLIDS	11.0 mg/l	6.5 mg/l	52
FECAL COLIFORM	260 #/100 mL	48.6 #/100 mL (Gen Avg)	52
TOTAL RESIDUAL CHLORINE	0.02 mg/l	0.012 mg/l	52
OIL AND GREASE	N/A	N/A	N/A
CHEMICAL OXYGEN DEMAND	N/A	N/A	N/A
TOTAL ORGANIC CARBON	N/A	N/A	N/A
AMMONIA	1.3 mg/l	0.8 mg/l	52
DISCHARGE FLOW	.037 MGD	.017 MGD	52
PH	7.6 SU	7.3 SU	52
TEMPERATURE (WINTER)	N/A	N/A	N/A
TEMPERATURE (SUMMER)	N/A	N/A	N/A

B. Frequency and duration of flow:	Continuous
------------------------------------	------------

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): DENNIS KEENE	TELEPHONE NUMBER (area code and number): 859 428-1864
SIGNATURE <i>D. Keene</i>	DATE 4-10-07

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)
-----------------------------	---	--

Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	0 per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points:	0	(If discharge is from an overflow point, the information below must be completed.)
Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	0 per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	0
Give the number of times discharge occurs per year	0
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
TOTAL POPULATION SERVED	

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Map Size

☐ Small

☒ Medium

☐ Large

View Scale

1 : 50,000

Coordinate Format

D/M/S

Map Datum

NAD83/WGS84

☒ Show target

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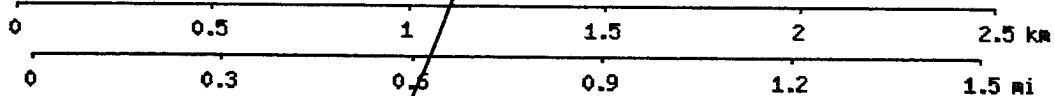
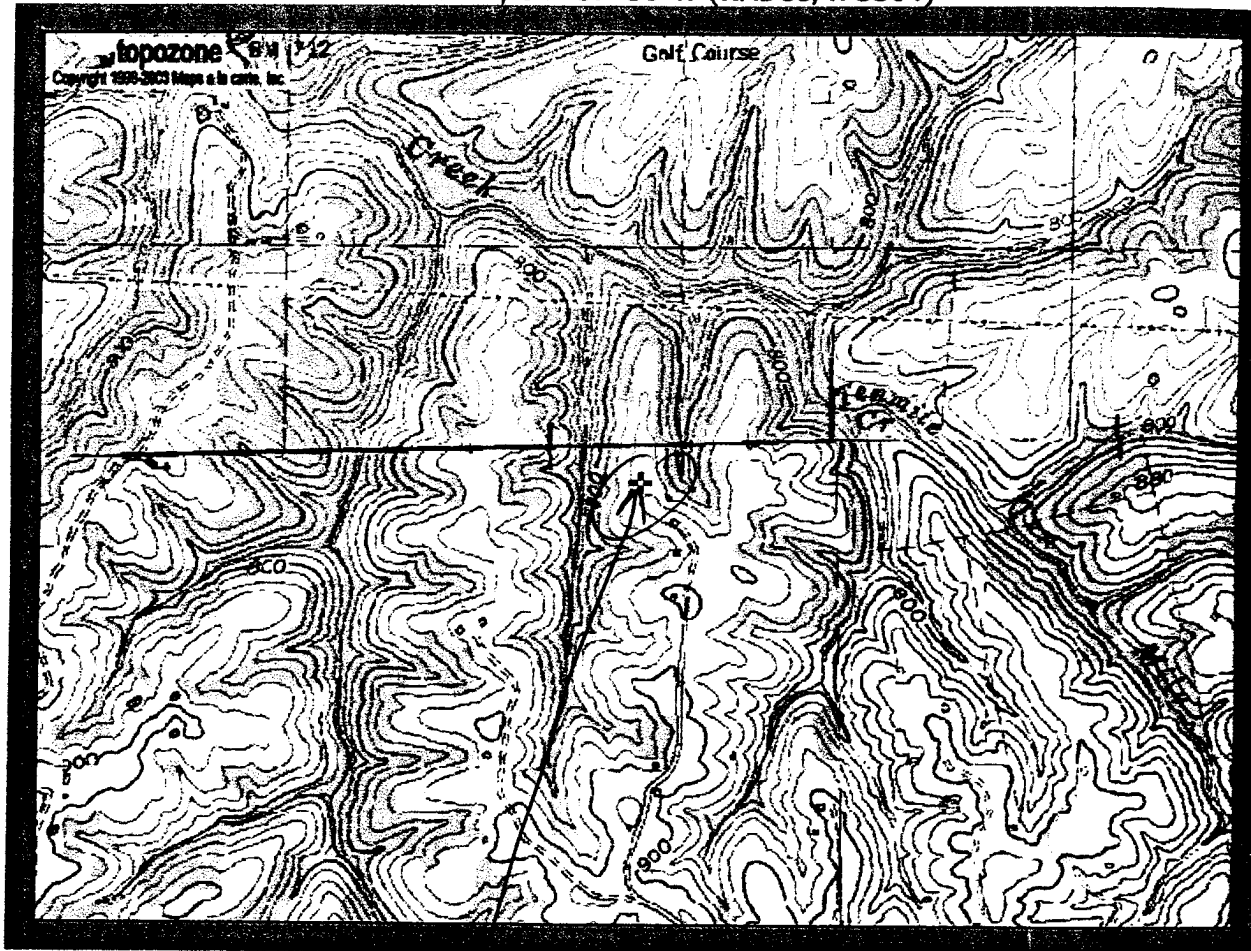
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USGS Elliston (KY) Topo Map

View TopoZone Pro topographic maps, aerial photos, street maps, coordinate and elevation display

38° 44' 57"N, 84° 37' 50"W (NAD83/WGS84)



Blackwell Estates

What's This?



ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

FRANKFORT, KENTUCKY 40601-1190

www.kentucky.gov

TERESA J. HILL
SECRETARY

April 17, 2007

Mr. Dennis Keene
P.O. Box 721262
Newport, Kentucky 41072

Re: Complete KPDES Permit Application
KPDES No.: KY0091031
Blackwell Estates MHP
Grant County, Kentucky

Dear Mr. Keene:

Your Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on April 13, 2007, and has been determined complete. As per 401 KAR 5:075, Section 1(7), the official effective date of your application has been determined as April 17, 2007, the date of this notice.

If this application is for new construction, appropriate plans and specifications must be submitted and a construction permit issued before construction may begin. For new facilities, the review of this application may be coordinated in accordance with 401 KAR 5:300, Section 4(1).

A technical review of your permit application will commence in the near future. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. A request for this additional information will not render your application incomplete.

If you have any questions concerning this matter, please contact Barry Elmore at (502) 564-3410, extension 459.

Sincerely,

Nancy Green, Program Coordinator
Inventory and Data Management Section
KPDES Branch
Division of Water

NG:ng
c: Division of Water Files